Seaford Homes Limited

Nova House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Nova House is a residential care home providing personal care for older people, some of whom were living with dementia. The service can support up to 30 people and at the time of the inspection there were 29 people living at the home.

People's experience of using this service and what we found
People were protected from harm and abuse and told us that they felt safe. Staff had completed safeguarding and risk assessment training and were able to tell us what action they would take if required. The service had a whistleblowing policy which staff were aware of and had confidence to use if needed. Accidents, incidents and near misses were recorded on a spread sheet and analysed for trends with any learning and improvements being taken forward. Safety checks and reviews had been completed on fire, gas and electricity equipment. People were supported with their medicines.

Staff training was recorded on a computer system that was accessible to all staff. Staff could therefore check and book training sessions when due. Oversight was maintained by the registered manager. Induction for new staff was followed with ongoing support through supervision meetings and appraisals. People could access health and social care professionals and some could make their own appointments.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Mental capacity assessments had been appropriately completed and best interest meetings and DoLS applications made when required.

Staff were kind to people and dignity and respect for people was apparent throughout the service. Staff knew people well and responded to their needs in a supportive way, always respecting people's privacy and wishes. People were encouraged and supported to be independent both with day to day tasks and regarding their mobility around the service and beyond.

Care was person centred. People were provided with a range of activities both inside and outside of the service. Daily trips out were available to people and there was a six day a week activity program. People could choose what they wanted to join in with. A complaints policy was readily available to all and people and relatives knew what steps to take if they wanted to raise a complaint or an issue. Staff were trained in end of life care and were able to tell us the important aspects of care for people at that time.

There was a positive culture at the service displayed by all staff. The service was welcoming and staff were friendly. The registered manager maintained oversight of key areas of the service by regular auditing, identifying learning to be taken forward and embedded. People, relatives and staff were all provided opportunities to provide feedback about the service. The service was well established within the local community and strong relationships had been established with statutory partners and professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
Good. (Report published 26 July 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Nova House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector. The delay between the two days of inspection was because one of the managers was unavoidably absent due to inclement weather. It was necessary to reattend to speak with them.

Service and service type
Nova House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. The provider is legally obliged to inform us of important events that happen at their service. We looked at these statutory notifications as part of our preparation.

During the inspection

We spoke to seven people that used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the deputy manager, the administration officer, the maintenance manager, the catering manager and three members of care staff.

We reviewed a range of records including four people's care plans and several medicine records. We looked at four staff files in relation to recruitment and supervision. We looked at a variety of records relating to the management of the service including complaints, accidents, incidents and near miss reports. We looked at training and audit records and processes.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke to four professionals that regularly visit the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt looked after and were safe. A person told us, "I had a fall and because of that they moved me to another room where I feel safer." Another told us, "Staff look after me all of the time." A relative told us, "They (staff) are very good, they treat you like a human being, it's very safe here."
- Staff had a good understanding of safeguarding; what issues would concern them and what action they would take. A staff member said, "I'd make sure the person was safe and then speak to the manager. If the manager was involved, I'd call the owner." Another said, "There are no real concerns here, but I'd document everything. I can report to CQC if I'm not happy." We were shown records that confirmed that safeguarding training had been delivered to all staff and that regular refreshers had been planned.
- The service had a whistleblowing policy which staff were aware of and had the confidence to use if needed. Whistleblowing is a process where concerns can be raised whilst protecting the identity of the person raising the issues.

Assessing risk, safety monitoring and management

- The service was transitioning from paper records to a computer-based system. Some support plans and risk assessments were still recorded on paper but both were accessible to staff. Risk assessments were clear and relevant to people's needs and evidence was seen of reviews and updates. For example, a person had fallen and sustained an injury. The risk assessment provided detail of action taken and steps to be implemented to minimise further risk. This included a review of mobility aids being used.
- Staff had a good understanding of risk and how this varied for people. Staff used a mobile phone application to record all interactions with people. This included provision of personal care, medication, incidents and activities. This information transitioned to the person's daily notes and it enabled any new risk or omission to be immediately identified.
- The registered manager told us that a silent evacuation drill took place every six months. Silent meant that no alarms were sounded. This ensured that staff were up to date with procedures and specific needs of people without alarming people themselves with a full evacuation. Fire equipment including extinguishers and smoke detectors had been regularly tested and a recent fire service inspection had been carried out. Personal emergency evacuation plans (PEEPs) were in place for people and were being updated at the time of the inspection.
- Equipment at the service for example the stair lift, wheelchairs, lifting hoists and walking aids had all been serviced regularly. Gas, electricity, emergency lighting and plumbing certificates were up to date. Daily temperature checks of food were recorded in the kitchen which had been awarded a high rating by the Food Standards Agency at their last inspection.

Staffing and recruitment

● Recruitment of staff was completed safely with all required checks having been completed. Staff files showed references, interview notes and reference to latest Disclosure and Baring Service (DBS) checks. The latter ensure that prospective staff have no significant criminal cautions or convictions that would prevent them from working with children or adults.

● The service was dependent on a high number of part-time staff. There remained however enough staff for every shift with sufficient supervisory cover from senior staff members. To cover sickness and leave agency staff were sometimes used but the registered manager told us the same agency had been providing staff to the home for many years, and regular staff who knew people well were used.

● People told us that there was always enough staff on duty. A person said, "There are never any issues." Another said, "There are some agency but there are lots of regulars too." A relative told us, "I talk to staff all the time about things, there is always someone about." Staff rotas confirmed that all shifts were covered and forward planning had been done.

Using medicines safely

● Medicines were ordered, returned and delivered to the service on a four-weekly cycle. We were shown medicine administration records (MAR) that clearly showed the numbers of tablets counted out. Each entry for administration was signed and dated. In the event of a staff member failing to sign the MAR chart they would be asked to attend a meeting with a senior staff member and if the issue persisted they were retrained.

● Senior staff and most care staff had completed medicines training. The recording of medicines was transitioning to an eMAR system and staff were undergoing training. Staff were patient and supportive of people when giving medication, taking time to explain to people what the medicines were for.

● As required (PRN) medicines for example, occasional pain relief, had a separate protocol but were recorded on the same MAR charts. Similarly, homely remedies, medicines that could be purchased across the counter, had a separate protocol. Regular reviews of medicines took place.

● The deputy manager had responsibility for medicines and for carrying out regular audits. A report was then produced for the registered manager to ensure oversight.

Preventing and controlling infection

● Personal protective equipment (PPE) such as gloves and aprons were readily available for staff throughout the home. Hand sanitisers were plentiful and the home was clean and generally tidy and free from any unpleasant odours or obvious hazards. Full time cleaning staff were employed at the service and there was clear evidence of communal areas and bedrooms being regularly cleaned each day.

● Water temperature checks were made and recorded and taps not regularly in use were run to avoid any risk of legionella's disease developing. A legionella certificate was current for the service.

Learning lessons when things go wrong

● Several people living at the service were living with variable mobility. Following a review which had involved referral to the falls team and a medicine review a decision was taken to change the flooring in part of the home. This had an immediate effect in reducing falls for some people.

● Accidents, incidents and near misses were recorded on paper and then transferred to an electronic spreadsheet. The spreadsheet recorded details of all actions taken and compared with other incidents to identify trends. These were examined monthly by the registered manager with lessons learned carried forward and shared with people and staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before moving to the service people's needs were assessed by the registered or deputy manager. Assessments covered every aspect of people's care and support needs and were carried out face to face and in the presence of a close relative or loved one. The registered manager told us, "We don't want to move people on. This is their home and the initial assessment is important, so we know we can support people."
- Initial assessments formed the basis of the support plans for people and these were reviewed regularly after people had moved to the service. A person told us, "We're kept informed of any changes." A relative said, "They look at everything. They go out of their way to help and involve you."
- We heard evidence of professionals being involved in people's assessments. A relative told us, "(Registered manager) actually went to the hospital and spoke with the doctors and helped with their discharge to here." A professional said, "The manager will always take the time to talk to me and ask my opinions."
- The registered manager told us that they ensured staff had the relevant training to care for people's specific needs. For example, some people moved to the service that were living with dementia. All staff had received dementia training. Care was provided in accordance with current legislation and guidance, for example the service used the malnutrition universal screening tool (MUST), which measured people's nutritional risks.

Staff support: induction, training, skills and experience

- Staff were taken through a comprehensive induction process during their first few weeks of working at the service. This involved a mixture of online and face to face training, an introduction to policies and procedures and an introduction to all people living at the service. Before working alone, new staff were able to shadow more experienced staff. A staff member said, "Most of the first week was taken up by training. We spent time with the manager and then had plenty of chance to shadow."
- Staff training was recorded electronically. A separate portal was used which was accessible to all staff. Staff could check to see when refresher training is due and book a course. This process was overseen by the administration manager who provided a monthly update for the registered manager to ensure compliance. Staff had received training relevant to people's needs for example, moving and handling, dementia and oral health care.
- The deputy manager was studying towards level five of the care certificate which would enable them to adopt a role as care manager at the service. The care certificate is an agreed set of standards that define knowledge, skills and behaviours of staff in the care sector. Personnel files for staff confirmed details of training completed.

● Staff told us that following their induction they were provided ongoing support through regular, two monthly, supervision meetings. Staff told us these were two-way meetings where they had opportunities to raise issues, request training and discuss their development.

Supporting people to eat and drink enough to maintain a balanced diet

● People were complimentary about the food provided at the service. Comments included, "It's good, varied each mealtime," "They always give you a choice" and "I asked for something else yesterday and they brought it for me." People had access to hot and cold drinks throughout the day and were given choice about where they would like to have their meals.

● For most people mealtimes were an opportunity to socialise. When we observed lunch, staff and people were chatting and laughing together. The television in the dining area was turned off and background music put on which brought a pleasant atmosphere to the occasion. We heard an exchange between a person and a staff member as the person was taking their seat for lunch. They said, "I don't want to get in the way," the staff member said, "You're never in the way." The person responded by smiling and saying, "Thank you so much."

● People were supported to maintain a healthy diet with a choice of food each mealtime. Some people living at the home had experienced a stroke and this had affected their ability to eat. In each case a referral was made to the speech and language therapist (SALT) for advice. Although no one was currently on a puree diet, some people were helped by having their food cut up into small pieces.

● Support plans reflected people's dietary needs and their likes and dislikes. A notice on the kitchen wall summarised these details and was easily accessible to staff preparing food. Nutritional risk assessments had been completed and support plans contained weight charts to monitor people's weight. Some people were living with diabetes that was diet controlled. Staff had received training in diabetes and this was appropriately managed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were supported to access health and social care professionals. The service had regular contact with GP surgeries and some people were able to make their own appointments. A person said, "I'll let staff know but I'll make a doctor's appointment." Support plans had details of all professional contact made including, opticians, dentists, GPs and specialist services, for example the falls team. A relative told us, "They take (service user) to the GP, hairdresser, chiropodist."

● A summary of people's needs was contained in support plans which provided a quick reference in an emergency if for example, a person needed urgent hospital treatment.

● The registered manager had developed a good working relationship with professionals. One professional told us, "They always take their time to take you to the person you've come to see. Seems a small point but it's important and shows they care." Another said, "Some of the staff are exceptional, they are so helpful and friendly."

Adapting service, design, decoration to meet people's needs

● The service was contained in a large three story detached house. The house was surrounded by garden and patio areas where people can sit out when the weather allows. The ground floor had a choice of lounge areas, an annex that contains four bedrooms and a further seven bedrooms for people who were less mobile. A stair lift was in place accessing the first floor where there are 14 bedrooms and the second floor where there are four bedrooms.

● The ground floor was step free including access to outside areas. Several bedrooms were en-suite and each floor had bathroom facilities. People's rooms had been personalised with photographs, ornaments and small items of furniture. People's bedroom doors and doors to communal areas were clearly marked to

help people find their way around the service. Carpets were single coloured not patterned which helped people living with dementia.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Everyone living at the service was supported to make their own decisions. People chose what clothes to wear each day, where and when to have their meals and if they had any preferences with personal care for example male of female carer, bathe or shower. Some people required help with more complex decisions and were supported by family members or advocates. We witnessed an advocate explaining a financial matter to a person, encouraging them to be involved and repeating information so that it was understood.
● Staff acknowledged the importance of gaining consent from people. A staff member told us, "Most people can answer when we ask if we can help or do something. Sometimes we have to stop. People have the right to choose help or not."
● Some people living at the service were living with dementia. Reference was made in support plans to capacity assessments and these were documented and kept in a separate file. Mental capacity assessments were decision specific, for example, understanding of personal safety when leaving the home.
● Best interest meetings had been held and documented for those considered to lack capacity to make particular decisions. Minutes from these meetings were seen and those attending included the person, a relative, the registered manager, a GP and a specialist psychiatric nurse. Where restrictions were considered in people's best interests a DoLS application had been made. Most of these had been granted and those still pending were followed up at regular intervals by the manager. DoLS were being complied with.
● The registered manager acknowledged that people with capacity sometimes made unwise decisions. Some people for example wanted complete privacy when in their bedrooms at night, with no safety checks being made. This had resulted in an increase in falls as people attempted to use the bathroom during the night. As a result, some bedrooms had been adapted with an increase in number of handrails and hard flooring being replaced with carpet. This had reduced falls and the severity of injuries from falls but it still enabled greater privacy for people at night.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they felt cared for and were well looked after. Comments included, "Lovely, kind and caring. The best place I've ever been to," "Really nice people here" and "The staff look after me." A relative told us, "Nova is very welcoming and nothing ever seems to be too much trouble." Another relative said, "All the staff are lovely and so helpful."
- We observed many positive interactions and conversations between staff and people. A person using a Zimmer frame making their way to the dining area was spoken to by a staff member, "You're speedy today, you've not got your 'L' plates on." The person laughed. At lunchtime we observed conversations about the recent inclement weather and people were joking that it had kept them awake. It was clear that staff knew people well, using first names and referring to things they had been doing recently.
- Equality and diversity was respected and promoted throughout the service. People's equality characteristics were discussed at initial assessment and any particular needs were recorded and complied with. For example, some people had dietary requirements relating to cultural beliefs. Others wanted to practice their religious beliefs. A regular multidenominational Church service was held at the home for those wanting to take part. Holy Communion was offered privately if requested.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. People were asked about every aspect of their care and their interests and hobbies. All of these details were reflected in support plans and regular reviews took place with relatives present when possible. Each aspect of care had a consent form signed by the person or in their presence, their advocate.
- Using the mobile phone application staff were able to update care plan details with day to day changes. For example, if a person decided they did not want to have lunch, that would be recorded and transferred to the support plan which enabled monitoring of food intake. A staff member told us of a person who decided they wanted to spend most of their time in bed. The person's relative and GP were involved in a discussion about what was best for that person and a course of action agreed.
- Confidentiality was respected with all sensitive, personal documentation being stored in locked cupboards or on secure computer systems. Staff told us that handover meetings between shifts were held in a private room where conversations could not be overheard.

Respecting and promoting people's privacy, dignity and independence

● Staff respected people's privacy at all times. A staff member told us that they had responded to a person who had slipped in the bathroom. "I pushed the door to for privacy and covered them up with a towel until further help arrived. It's only fair to treat people the way you'd want to be treated yourself." Another member of staff said, "Whenever I'm washing someone, I'll always make sure either top or bottom half are covered. I just want to make people feel comfortable." Staff told us they would only enter a person's bedroom in an emergency or when invited in having knocked first.

● People were treated with dignity. A relative told us, "Whatever task the staff have to do, and some of them can be messy, they never show any displeasure." People felt comfortable at the service. A person said, "We have our nails cut and our hair done. It's nice to feel well presented." A professional said, "People always look well-groomed and looked after. They are helped to the toilet without any fuss, it's just normal."

● People's independence was promoted. Everyone was encouraged to support themselves with dressing and personal care with staff always on hand to help and guide if needed. A person told us, "Oh yes, I'm independent. I go out every day if the weather is good. They encourage me to wash and dress myself but help if I ask." A professional said, "I've noticed they have some routines for medicines, food and activities. I think this helps people to be independent."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people well. A person said, "They know what I like whether it's food or things I like to do." A staff member said, "Although we don't have a key worker system, we get allocated people on a daily basis. But the home is small and we get to know people well, really quickly." A relative told us, "Everyone (staff) knows what they are doing and they are very attentive to residents."
- Care plans were person-centred and clearly documented people's care and support needs and any unique characteristics they had. For example, a person had recently sustained a fracture and the care plan provided details of the changes and additional support required during their recovery. Staff knew people well and spent time updating themselves by reading care plan updates each shift.
- Care plans had a section providing details of people's life history and details of family and important people in their lives. They included details of hobbies and pastimes and overall presented a picture of the journey people had taken before moving to the home.
- The service employed two activity co-ordinators who worked across six days every week. People were presented with a variety of activities each day including, weather permitting, opportunities to go out. The service had a mini-bus and has access to bicycles that have been adapted to be ridden by a staff member and could carry two people sitting side by side. People told us that they enjoyed trips out to the seafront, to local garden centres and for café and pub visits.
- Many activities were communal but people who preferred to spend time in their bedrooms were offered one to one activity such as games, reading, puzzles or simply conversation time. People's comments included, "Lots of activities, we're very busy," "I choose to stay in my room, that's fine, they come to me" and "Best place I've ever been to, so much to do."
- The service celebrated people's birthdays and significant religious and cultural days throughout the year. An open day and summer barbeque were annual fixtures. Relatives were not restricted to visiting times and were able to visit to see their loved ones when they chose. A relative told us, "I can visit at any time."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people living at the service had experienced a stroke and some were living with the early effects of

dementia. Everyone was able to verbally communicate although some people required a little more time. Staff were aware of people's communication needs. For those needing more time we observed staff speaking clearly, face to face and using tactile behaviour such as touching an arm or shoulder, to reassure people that they could take their time.

● The registered manager told us that the service had large print versions of key documents for example, menus and the complaints process if required. There were also pictorial versions available but at the time of the inspection no one required assistance in this area.

● Care plans had a section that covered communication which included any particular needs and whether people had any sensory support requirement such as hearing aids or glasses.

Improving care quality in response to complaints or concerns

● A complaints policy was accessible to everyone. A copy was in the foyer, entrance to the service and everyone we spoke to knew of its existence and told us they knew how to complain or raise any issues they may have. Comments from people included, "I've never had to but I'd know how to," "I've raised some issues and staff always get back to me," and "I did have a one-off issue. It was resolved quickly." Relatives we spoke with also were confident to raise issues if needed.

● We were shown an electronic spreadsheet where complaints were recorded. A clear process was seen including details of the incident, investigation and follow up, response and apology and what happened next. Outcomes and preventative measures were recorded. The registered manager had produced a 'duty of candour' letter which was used as a formal response to complainants. Duty of candour meaning an honest and open response about the issue raised.

End of life care and support

● At the time of the inspection no one was in receipt of end of life care. The service had recent experience of caring for people who were at the end of their lives. Care plans and an end of life document were available to record issues discussed with people, if they chose to.

● End of life training was delivered to staff and those we spoke to told us of the important aspects of care at this time. A staff member told us, "It's important to keep family informed. Also, to keep mouth clean and look for facial expressions if they can't talk." Another said, "Oral health care is important to keep people comfortable. Dignity is also a big factor."

● The registered manager and wider management team supported staff during and following caring for a person end of life. A staff member said, "The support is really good, and they are approachable too."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive atmosphere at the service where staff were always willing to help and support people. The registered manager was a visible presence throughout the service and was well known to people. The registered manager worked a minimum of one weekend a month at the home which meant they could meet relatives who were unable to visit during the week. The registered manager's office had been relocated to a room directly in front of the main entrance to ensure that they were visible and accessible.
- Everyone we spoke with had a positive view of the management of the service. A relative told us, "(Registered manager) is very good. He even worked with us to help sort the finances. There is a positive feeling at the home." A person told us, "You can usually get hold of (registered manager), he's always about. He really helped us when we moved rooms." Care plans reflected the positive attitude of staff. Reviews focussed on people, their current needs and supporting a good quality of life.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Registered managers have a legal obligation to inform CQC of significant events that occur at their service. This obligation had been fulfilled. Current CQC ratings were clearly displayed in a communal area of the service and on the service website.
- The registered manager had been running the service for 10 years. They attended various forums and meetings where best practice could be shared. The service had a sister home in Eastbourne and best practice was also shared across the two sites. The registered manager fed back to staff the learning from the meetings and had delivered specific training to staff when there were significant developments.
- The service was dependent on a lot of staff working part time hours. This was managed appropriately and worked to the advantage of the service as they could usually fill unexpected absences through staff volunteering to step in. There were always senior care workers on duty to provide supervision and support to staff and people.
- The registered manager maintained oversight of key aspects of the service by monthly auditing. Accidents, incidents, complaints and training were all subject to reviews and analysis. Any positive or negative trends were highlighted and either celebrated or examined for learning opportunities.

● The registered manager kept up to date with developments in adult social care that were relevant to their service by monitoring the local authority and CQC websites.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and relatives were provided regular opportunities to provide feedback about the service. People were invited to use a touch screen survey on an iPad or to complete a written questionnaire if they preferred. Relatives were offered the same. Feedback was regularly collated and trends analysed. The majority was positive with only one negative comment relating to a person's welcome to the service. This was immediately addressed.

● Staff were similarly presented with opportunities to feedback to managers about the service. As staff member told us, "We are supported by the manager and deputy. We have six monthly meetings where we can raise any issues. We can speak to them whenever in-between to discuss things." The registered manager was seen to be approachable throughout the inspection and several staff were seen to approach and ask questions or seek advice.

● Numerous compliments had been received by the service. Thank you cards and messages were displayed within the home.

● People's protected characteristics were explored with people being asked about their faith, culture and background. Different faiths were promoted and for example, a local priest visited the service weekly to conduct a Christian service for those wanting to take part.

● The service had developed strong links within the local community. Local volunteers, who had been appropriately vetted, came into the service most days to talk with people and help with activities and at mealtimes. A local nursery visited the service every two weeks. The service hosted a local photography exhibition and had both summer and winter festivals for local people to attend.

Continuous learning and improving care

● Staff received training that reflected and supported people's needs. The registered manager acted promptly to deal with issues that affected people. For example, it was discovered that the call bell system was difficult to operate for people who were living with arthritis. A new system that required only a light touch was installed and this resulted in fewer falls for people who had previously not been able to use the call bell.

● The registered manager had a strong relationship with the local authority falls team and had worked together to problem solve a number of issues relating to people falling. For example, adaptations had been made to some walking aids to specifically suit individual people. All of this work had resulted in people experiencing fewer falls over time.

Working in partnership with others

● The service had developed a number of positive relationships with statutory partners and professionals. A member of the community nursing team told us, "I would rate them highly. (Registered manager) always takes time to talk to us." A member of the optometry (opticians) team said, "There is a lovely feel to the home, the manager always takes an interest. The residents are always happy and engaged."

● Strong links had been established with local GP surgeries with one GP telling us, "I have no concerns regarding Nova House and would be happy for a member of my family to be a resident."